	AIGN CONTRIBUTIONS AND I	EXPENSES	REPORT	State	of Nevada	
INSCRIEKINGUNG KWCIKOUCIL						
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Mailing Ad	dress (include city and zip code)		<del>ada a magamin <b>ann</b> maga high panda in</del> grigoring in grant a griffich frif frim art friftin fri	Telephone No.		
E-Mail Ack	ress — — — — — — — — — — — — — — — — — —	elitarii etalii etalii elikulia eta milian manaan masa -	e antidoce com men commence and ance a mechanism proper and conflicted in designation data and	O MOTOR COMMANDE ON COMMANDE OF A COMMENCE AND A CO	705 111 17 (4 9: 37	
Select Ap	propriate Box(es) ACANDIDATE PAC BA	G POLPRT	Y []IND EXP[]A	MENDED [] AN	NUAL FILING	
	Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003			-	BY CITY CITER	
Incumbent All others	Period: Jan. 1	, 2001 — Aug 26, 2 20, 1998 — Aug 26, , 2004 – Aug 26, 2 5, 2002 – Aug 26, 2	, 2004 004			
[ ]	Report #2 Due — October 26, 2004 Period: Aug. 2	7, 2004 — Oct. 21	, 2004	FOR OFF	CE USE ONLY	
⊠ BAGs onl	· · · · · · · · · · · · · · · · · · ·	2, 2004 — Dec. 31 2, 2004 - Dec. 5, 2				
□ * Third F	Annual Filing – Due January 15, 2005 Period: January 1, 2004 – December 31, 20 Report suffices for 2005 Annual Filing if ca	104	ed Report Nos. 1	and 2		
	CONTRIBUTIONS SUMMARY			This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting	
1.	Total Monetary Contributions Received in Excess	of \$100	***	* 3	Period Communication Communica	
2.	2. Total Monetary Contributions Received of \$100 or Less			<u> </u>	Lance	
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting			
3.	Total Amount of Monetary Contributions		Period			
	Received (Add Lines 1 and 2)		<i>f</i>	#3		
4.	Total Value of In Kind Contributions Received in Excess of \$100	#3				
	EX	PENSES SU	MMARY		ge <sup>to</sup>	
5.	Total Monetary Expenses Paid in Excess of \$100	)		#3		
	Total Monetary Expenses Paid of \$100 or Less		<u>.</u>	<b>**</b> ***		
7.	Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)		•	#3		
8.	Total Value of In Kind Expenses in Excess of \$100	# <u></u>			· · · · · · · · · · · · · · · · · · ·	
I Declare	e Under Penalty of Perjury That the Foregoing	AFFIRMAT				
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Signature		nonnocessore de la Castello de Castello de la comunicación de la comun	t or the material or the season assessment was assessment or season someone consequences.			
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Office (if applicable)

District (if applicable)

### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Ħ
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

District (if applicable)

Name (print)

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Office (if applicable)

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<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.



Name (print)

RENO CITY CONNIES

Office (if applicable)

しかれた District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
		THE CONTRACTOR OF THE CONTRACT	
		<u></u>	
		**************************************	
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Name (pint)

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District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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Sign C. K. Island Name (print)

Office (Fapplicable)

#### IN KIND

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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Revised: Jan-04

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District (if applicable)

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#### IN KIND

#### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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